



Docket No.: M1059.70000US01
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Fred G. Benkley, III
Serial No.: 10/689107
Confirmation No.: 4260
Filed: October 20, 2003
For: SWIPED APERTURE CAPACITIVE FINGERPRINT SENSING
SYSTEMS AND METHODS
Examiner: A. W. Carter
Art Unit: 2624

Certificate of Mailing Under 37 CFR 1.8(a)

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Dated: May 24, 2006

Doris A. Champagne
Doris A. Champagne

STATUS INQUIRY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

It is respectfully requested that the attorney named below be advised of the status of the above-identified application. Please advise us of when we might expect to receive an Office Action from the Patent and Trademark Office.

Dated: May 24, 2006

Respectfully submitted,

By William R. McClellan
William R. McClellan
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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

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		Application Number	10/689107-Conf. #4260
		Filing Date	October 20, 2003
		First Named Inventor	Fred G. Benkley, III
		Art Unit	2624
		Examiner Name	A. W. Carter
Total Number of Pages in This Submission	2	Attorney Docket Number	M1059.70000US01

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature	<i>William R. McClellan</i>		
Printed name	William R. McClellan		
Date	May 24, 2006	Reg. No.	29,409

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Dated: May 24, 2006

Signature: Doris A. Champagne (Doris A. Champagne)